

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/572734 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	0			1		
9	0			1		
10	0			1		
11	1			1		
12	1			1		
13	1		1			
14		1		1		
15	2			1		
16	1			1		
17	1		1			
18	1			1		
19	1			1		
20	3			1		
21	1			1		
22	1			1		
23	1			1		
24	3			1		
25	3			1		
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TOTAL IND.			5			
TOTAL DEP.			22			
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						